

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-001642

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

AMENDED

Registration District No.

149

Primary Registration District No. 1002

Registrar's No.

260

STATE FILE NUMBER

1. PLACE OF DEATH

a. COUNTY

Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Kansas City

Length of stay in 1b

50 Yrs.

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Armour Home

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Jackson

c. CITY OR TOWN Kansas City

Inside Limits

Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)
Armour Home

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

MARTHA

Middle

Last

EPPERLY

4. DATE OF DEATH

Month Day Year
January 14, 1962

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

5-10-1885

9. AGE (last birthday)

76

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
At home

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Clinton, Iowa

12. CITIZEN OF WHAT COUNTRY

U. S. A.

13a. FATHER'S NAME

George W. Spencer

13b. MOTHER'S MAIDEN NAME

Wilcox

14. NAME OF HUSBAND OR WIFE

Charles L. Epperly

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.

17. INFORMANT

Burl C. Epperly

Address

Chicago, Illinois

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Respiratory Failure

INTERVAL BETWEEN ONSET AND DEATH

5 min

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Cerebral Vascular Insufficiency

3 months

DUE TO (c)

Myocardial Failure

2 yrs

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Transition

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE

☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m. Month, Day, Year20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Jan 1960 to Present and last saw her alive on 1-12-62
Death occurred at 10:25 AM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Geo. K. Boyd M.D.

(Degree or title)

22b. ADDRESS

5111 Independence Ave

22c. DATE SIGNED

1-15-62

23a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

23b. DATE

1-17-62

23c. NAME OF CEMETERY OR CREMATORY

Forest Hill

23d. LOCATION (City, town, or county)

Kansas City, Mo.

(State)

24. FUNERAL DIRECTOR

Freeman Mortuary

ADDRESS

Kansas City, Mo.

25. DATE RECD. BY LOCAL REG.

1-16-62

26. REGISTRAR'S SIGNATURE

Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Geo. K. Boyd

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed J. P. Freeman

Licensed Embalmer No. 2939

P. O. Address F. C. Wyo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.